



CITY OF LAS VEGAS

FINANCE DEPARTMENT

Fax: (702) 382-2309

CREDIT CARD AUTHORIZATION FORM

Please fill out completely (form will not be processed if any fields are left blank):

INVOICE NUMBER: _____

NAME ON INVOICE: _____

AMOUNT PAYING: _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE: _____

- THE BELOW CREDIT CARD INFORMATION WILL BE SHREDDED AFTER PAYMENT IS POSTED
- RECEIPTS WILL NOT BE ISSUED, YOUR CREDIT CARD STATEMENT IS YOUR RECEIPT
- PLEASE FAX FORM ONLY ONE TIME TO PREVENT DUPLICATE PAYMENTS
- THE CARD WILL BE PROCESSED ONLY FOR PAYMENTS FOR A FEE BILLED ON AN INVOICE AND MUST HAVE AN INVOICE NUMBER – PLEASE REFER TO SAMPLE INVOICE AND PAST DUE NOTICE.

**FAX MACHINE IS ONLY OPERATIONAL DURING BUSINESS HOURS
MONDAY THRU THURSDAY, 7:00 AM – 5:30 PM.**

SELECT TYPE OF CREDIT CARD

☐ Visa

☐ MasterCard

☐ Discover

Credit Card Number: _____

Expiration Date: _____

Please note that this authorization is only applicable for a one-time charge on the above-mentioned outstanding account.